

Kaiser Permanente 2024 Senior Advantage (HMO) Group Plan with Part D Benefits Summary

Your employer joins with Kaiser Permanente to offer you the select benefits listed here. The accompanying Senior Advantage group packet lists more benefits and contains many other important details, provisions, contact information, and disclosures.

INPATIENT CARE	YOU PAY	NOTES
Inpatient hospital care (includes substance abuse and rehabilitation services)	\$250	Per Admission
Inpatient mental health care*	\$250	Per Admission
Skilled Nursing Facility	No charge	Up to 100 days per benefit period
Home health care	No charge	For necessary part-time or intermittent skilled nursing and home health aide services, rehabilitation services, etc.
Hospice	No charge	When you enroll in a Medicare-certified hospice program, your hospice services are paid for by Original Medicare, not our plan.
OUTPATIENT CARE		
Primary care office visit	\$15	Each visit
Specialty care office visit	\$25	Each visit; includes visits for epidural steroid injections for pain management
Chiropractic services	\$15	For manual manipulation of the spine to correct subluxation
	Not covered	Supplemental chiropractic services, if purchased by your group Not covered
Acupuncture	\$15	For chronic lower back pain, up to 12 visits in 90-days, no more than 20 visits annually
Podiatry services	\$25	For medically necessary foot care
Outpatient mental health	\$15	Each individual therapy visit
Outpatient substance abuse care	\$15	Each individual visit
Outpatient surgery	\$100	For each Medicare-covered ambulatory surgical center visit. This includes surgical procedures performed in the medical offices.
Outpatient services	\$0-\$100	For each Medicare-covered outpatient hospital facility visit

Ambulance services	\$100	Per Incident
Emergency care	\$50	Each visit, waived if admitted as an inpatient
Urgently needed care	\$25	Each after-hours visit
Outpatient rehabilitation services	\$15	For each physical, occupational, and speech language therapy visit
Office-administered medications	20%	Of charge of the drug(s)
Colonoscopy	No charge	Each colorectal screening

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Durable medical equipment	20%	Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy, and supplies
Oxygen	20%	
Diagnostic tests, X-rays, and lab services	No charge	Authorization rules may apply
Radiation therapy	\$25	For each therapeutic X-ray procedure
CT, MRI, PET and nuclear medicine procedures	\$50	For each procedure performed per body part

PREVENTIVE SERVICES

Preventive services	No charge	For services such as: Pneumonia, flu, and Hepatitis B immunizations, pap smear and pelvic exam, mammogram, and prostate cancer screening
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END-STAGE RENAL DISEASE

End-Stage Renal Disease (ESRD)	\$0	For Medicare-approved renal dialysis
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OUTPATIENT PRESCRIPTION DRUGS**

Preferred generic drugs	\$15	
NonPreferred generic drugs	\$15	
Preferred brand drugs	\$30	
NonPreferred brand drugs	\$30	
Specialty drugs	\$30	
Injectable Vaccines	No charge	
Day Supply	30 day supply	
Mail Order Supply	90 day mail order	

ADDITIONAL BENEFITS		
Hearing exams	\$15	Each visit for routine diagnostic hearing exams
Hearing aids	Not covered	No coverage applies under this plan.
Vision services	\$15	Each visit for eye exams
Optical hardware (lenses, frames)	Charges over \$100 benefit	You can use this benefit once every 2 years; you cannot carry over unused benefit
One annual routine physical exam	No charge	If you receive care during that visit beyond what your benefit covers, you may incur additional charges for that care provided
Health and wellness education	Class fees	See quarterly Healthy Living Schedule for classes, dates, times, locations, and fees
SilverSneakers® fitness	No charge	At participating fitness centers
Routine foot care	No charge	Four visits per year from contracted providers
Transportation	No Charge	Up to 20 one-way trips each year for non-emergent medical services
Over-the Counter Supplies	Not covered	No coverage applies under this plan. We cover OTC items listed in our OTC catalog for home delivery at no charge. Each order must be at least \$35.
Medicare Explorer Out-of-Area Allowance	Not covered	No coverage applies under this plan
Dental	Not Covered	Not Covered

* There is a 190-day lifetime limit in a psychiatric hospital.

**You will be enrolled in Medicare Part D through Kaiser Permanente and we will notify Medicare on your behalf.

You may only be enrolled in one Part D plan at a time, which means you will be disenrolled from any other Part D plan when your coverage under this plan becomes effective.

If you decide to enroll in Medicare Part D through another Prescription Drug Plan, you will be automatically disenrolled from Kaiser Permanente.

For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail order pharmacy. You should receive them within 10 business days. If not, please call **1-866-244-4119 (TTY: 711)**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

This information is not a complete description of benefits. Call Member Services toll-free at **1-800-476-2167 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week, for more information.

The out-of-pocket maximum for certain covered services each calendar year is \$3,000 per individual. After you reach the out-of-pocket maximum, you are not charged further for these services that year. Outpatient Part D prescription drugs do not apply to the out-of-pocket maximum.

This sheet, customized for your employer, is not a contract and does not replace nor take precedence over your Evidence of Coverage. For questions on your coverage, please contact Member Services toll-free at **1-800-476-2167 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week.

Notice of nondiscrimination

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700 (TTY 711)**.

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700 (TTY 711)**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.